

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 27 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lot	byist(s) Richard Sigel			DEPARTMENT OF
II. Name of lot	obyist's partnership, firm or co	rporation, if any:		
McLane Mid	dleton Government & Pu	blic Strategie	as, LLC	
	(Name of partnership, firm or cor			
900 Elm St	reet, P.O. Box 326	Manchester	NН	03105-0326
Business Address	s: (Street)	(Town/City)	(State)	(Zip Code)
(603) 628-1		625-5650	e-mail_rich	ard.sigel@mclanegps.com
(Telep	hone)	(Fax)		
	nent covers: (Choose one – file ense transactions which are no			ou may file a separate report for
All reportab	ole transactions occurring in the n	nonths prior to the re	porting date relative	to the following client:
Well Sense	Health Plan		D 14 1 D 1	
OR	(Full Name of Client as it a	ppears on the Lobbyist	Registration Form)	
☐ All reportable	le transactions by the lobbyist (in particular client.	cluding the lobbyist'	s family), or the lob	bying firm listed below which are
IV. Date of Rep	port April 26, 2017		July 26, 2017 🗓	₹
Reports cover:	activity from date of registration	to 3/31/17 act	ivity from 4/1/17 to 6/.	
	October 25, 2017	17 ac	January 31, 2018 tivity from 10/1/17 to	
	e been no fees received and to ecked, complete just this form and 3301.			
VI Check if ad	ditional reports are attached:			
	received fees or made expenditu	res, you must file Ad	idendum A- Fees a	nd Expenses
•	paid an honorarium or reimburse			
If you, your	firm, or your family has made p	olitical contributions	, you must file Adde	endum C- Political Contributions
I have read RSA	ent/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and F (the best of my knowledge and b		swear or affirm that 7/26/2017	the foregoing information is true
(Signature of lo	bbyist)			(Date)
Richard Sig				

L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Richard Sigel	
II. Name of lobbyist's partnership, firm or corporation, if any:	
McLane Middleton Government & Public Strategies, LL	С
(Name of partnership, firm or corporation)	
III. Name of Client Well Sense Health Plan	Date 7/26/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses: a) Total of all fees received in this reporting period	nt relations, or public relations service
b) Total of all fees received this calendar year, prior to this reporting period	b) \$ 24,000.00
(This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date (Add lines a and b)	c) \$48,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ole: meals purchased during a businesses than \$10 that is given to the person led with a value of \$25.00 or less); and orting period of greater than \$25.00 foliue of greater than \$25, purchase of a ter than \$25, but not greater than \$50 s, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$
a) Total of all itemized expenditures reported in detail in section VI	c) \$ -0-

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$24,000.00
f) Total of all expenses year to date	f) \$48,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	***************************************
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Ran Just	7/26/2017
(Signature of lobbyist)	(Date)
Richard Sigel (Print Name of lobbyist)	